

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16403**
Registrar's No. **3803**

FILED APR 23 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**

c. LENGTH OF STAY (in this place)
2 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION
Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?
Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location)
3305a Magnolia

2179

3. NAME OF DECEASED
(Type or Print)

a. (First) **Rosella**

b. (Middle) **F.**

c. (Last) **York**

4. DATE OF DEATH (Month) (Day) (Year)
Apr. 8, 1953

5. SEX
female

6. COLOR OR RACE
white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Dec. 8, 1916

9. AGE (In years last birthday) **36**
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
house wife

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

James Medley

13b. MOTHER'S MAIDEN NAME

Fannie Withworth

14. NAME OF HUSBAND OR WIFE

Lyman York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Lyman York, 3305a Magnolia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lymphosarcoma, abdominal**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **metastases**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

2001

22. I hereby certify that I attended the deceased from **1-15**, 1952, to **April 8**, 1953, that I last saw the deceased alive on **April 8, 1953**, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Paul M. Fendler MD

23b. ADDRESS

5203 Chippewa

23c. DATE SIGNED

4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

4/11/53

24c. NAME OF CEMETERY OR CREMATORY

Park Lawn

24d. LOCATION (City, town, or county) (State)

Lemay 23, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
APR 11 1953

REGISTRAR'S SIGNATURE

Paul M. Fendler MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fendler Und. Co., 7420 Michigan

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *3767*

P. O. Address *7430 Michu*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.